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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M. D.
Prof. of the Science and Art of Surgery and Clinical Surgery, University of Louisville,

AND

THEOPHILUS PARVIN, M. D., LL. D.
Late Professor of the Medical and Surgical Diseases of Women, University of Louisville.

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NOVEMBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A DISCOURSE ON THE LIFE AND CHARACTER OF DR. LEWIS ROGERS.*

BY DAVID W. YANDELL, M. D.

I appear before you on this occasion, in behalf of the medical faculty of the University of Louisville, to pay a tribute due to the memory of one who was personally well known to most of you, and known by fame to you all, as the leading physician of Louisville, and long a distinguished teacher in this institution. I am here to-night to speak to you of the life and character of the late Dr. Lewis Rogers. I engage the more willingly in the task assigned me by my colleagues, because I am persuaded that in the life and character of this great and good physician you will find an example to stimulate and encourage you in the professional life upon which you are about to enter. For whatever may have been the

* Delivered before the Medical Class of the University of Louisville on the 4th of October, 1875.

social circumstances which contributed to the early advancement of Dr. Rogers, all who knew him will cheerfully concede that he fairly won all the fame and popular favor he enjoyed by a life of faithful devotion to medicine. Favored he assuredly was by fortune. The son of an eminent, influential physician, who was at the same time a judicious and liberal father, he was carefully trained at every period of his life, and enjoyed all the necessary means for disciplining his mind and storing it with knowledge. Almost as soon as he stepped upon the stage of professional life he found himself in the center of a large family connection, of which he was the pride. With such social advantages he could hardly have failed to get business, but they could not have secured him the exalted reputation to which he attained with his professional brethren. The people are often carried away by an external show of success, but medical men judge of one another by a very different rule, and only the physician of true science and skill commands the respect of physicians in the degree enjoyed by Dr. Rogers; for I need hardly say that, great as was the esteem in which he was held by his patients, it was scarcely equal to that in which he was held by his professional brethren.

On another account it is fitting that the opening of the first course of lectures in this school after the death of Dr. Rogers should be commemorated by a memorial of his life and professional services. His name has not only been connected with this school, but has been associated with Kentucky medicine almost from its beginning. His father, Dr. Coleman Rogers, a noted physician and surgeon of his day, was the associate of its pioneer physicians, and connected with all the earlier enterprises relating to medical education in the state. The private pupil of Brown and of Caldwell, the partner of McDowell in practice, he was the colleague of Dudley, Richardson, and Drake, and his name appears among the founders of the first medical schools in the West.

Dr. Coleman Rogers was in every respect a man of mark. In person he was large and commanding, and his character was most pronounced. For more than half a century he firmly held his way among the eminent physicians of Kentucky, thirty years of which time he was one of the medical lights of this city. He was born in Culpeper County, Va., on the 6th of March, 1781, but was brought by his father when only six years of age to Fayette County, in this state, within a few miles of Lexington. He was the seventh of twelve children, eleven of whom were boys; and, though he was six feet two inches in height and weighed one hundred and eighty pounds, was the smallest member of his father's family.

All that is known of his early education is that he became master of his own language, writing and speaking it with uncommon correctness, and that he acquired some familiarity with the Latin, so that he was deemed qualified to enter upon the study of medicine at a day when a preliminary education was much more insisted upon than now. He was the neighbor and school-fellow of Richardson and Dudley, and was educated in the same schools in which Wickliffe, Fishback, Rowan, and Grundy were trained for their professions. At the age of twenty-one he entered upon the study of medicine at Lexington, under the direction of Dr. Samuel Brown, the first professor of medicine in Transylvania University. He was most fortunate in the choice of an instructor. Brown was then a young physician just returned from Edinburgh, full of his profession and of the idea of teaching medicine. He was highly gifted in mind and person, well educated, a splendid talker, humorous, and genial. Already he had set on foot a medical department in Transylvania University, and had delivered some lectures on chemistry. In him were united all the qualities that go to form a successful teacher, and he had the happy faculty of inspiring his pupils with a taste for medicine. From the

office of this accomplished teacher young Rogers went to Philadelphia in the autumn of 1803 to attend lectures in the University of Pennsylvania. He carried letters from his preceptor to Dr. Rush, at that day, as to the close of his life, the great American teacher of medicine, and to Dr. Charles Caldwell, then rising to distinction as a private medical teacher. He seems to have been specially captivated by Caldwell, and became his private pupil, remaining eighteen months under his direction.

Caldwell indeed at that time had no equal in our country outside of the schools as a lecturer on medicine. With his eyes fixed on the highest places in his profession, he was vigorously fighting his way upward, regardless of odds. Before he obtained his doctor's degree he had quarreled with his old master, Rush, and was now making open war upon his cherished theories. In debate, in set speech, or with his pen he was equally at home, and in all a man of great intellectual power. His assaults upon the doctrines taught by Rush had rendered him obnoxious to most of the students of the university, but Rogers and other private pupils took sides with him. The excitement in the end reached such a point that Caldwell was in danger of being insulted whenever he came into the presence of the class. One day, not long after he had delivered an address in which he was particularly severe on Rush's theory of life, he went to the lecture-room of Dr. Coxe to witness some chemical experiments. Taking his stand on one of the back and loftiest seats in the amphitheater, he remained standing till the lecture was over, when he was recognized by the class. Dr. Coxe, as Dr. Caldwell relates, had, as usual, been unsuccessful in his experiments, and no sooner was the lecture concluded than there arose a loud hiss, which was continued a few seconds, and was once or twice repeated. Dr. Caldwell believed at first that the mark of disrespect was designed for Dr. Coxe, and the professor, being for a time of the same opinion, was not a

little disconcerted by the rude behavior of the students. But soon some one exclaimed, "Caldwell! It is Caldwell that is hissed!" The conclusion of the adventure, in which Rogers bore a part, I will give you in Dr. Caldwell's own peculiar phraseology.

"I advanced," he goes on to relate, "into a more conspicuous part of the room, and, with a menacing action of my arms toward the place from which the sound had reached me, exclaimed in a calm and contemptuous voice, 'I know of but three sorts of vermin that vent their spleen by hissing — an enraged cat, a viper, and a goose — and I knew not till now that either of these infested this room.' On this, from the same quarter, came the cry, 'Turn him out! Turn him out!' And there was immediately around me a party of my own pupils, chiefly from the states of Georgia and Kentucky, and who, apprehensive that I might be assaulted, requested me to accompany them out of the room, and they would protect me. My immediate reply, calm and courteous, but as positive as words could make it, was, 'I thank you, gentlemen, for your proffered kindness, but I do not need it. I can protect myself.' Raising then my voice so as to be heard throughout the room, I added, 'From this spot I will not move until those insolent fellows shall have left the room, unless they remain in it (looking at my watch) until twelve o'clock, at which time I must leave it myself to make good an engagement. And should any one of them have the audacity to approach me as an assailant, he shall have abundant cause to remember his impudence and deplore his rashness until the end of his life, which may perhaps be nearer at hand than he is prepared to imagine, for I will precipitate him to the bottom of this pit, and determine by experiment which is the thicker and harder, his brain-pan or that brick-floor.'" *

This rough schooling was not exactly the character of

* Caldwell's Autobiography, page 294.

tuition in search of which the Kentucky student had repaired to Philadelphia, but at the same time it was not entirely wasted upon the young backwoodsman. In subsequent life on the frontier, in his harsh encounters with colleagues in medical schools and rivals in the practice of physic, all the lessons of forbearance he had learned as a student were put in requisition. It is the testimony of his preceptor and fellow-students that he made the best use of his time. He became a great favorite with Dr. Caldwell, and the cordial understanding was maintained until both had grown to be old men. After remaining eighteen months in the university, during which time he attended two full courses of lectures, he was compelled to return home without a diploma. The railway speed with which degrees are conferred in our day had not then been attained by the medical schools, but students were obliged to hasten slowly toward the goal of their ambition. The old mother of American medical schools was at that time so nearly without a competitor that she could make very much her own terms with those who sought her honors. Students then, as now, were required to study three years before applying for a degree, two of which must be in connection with the university. The candidate then had to undergo a private examination before the faculty, and, if satisfactory, a second examination before the faculty in presence of the trustees; and finally, before he got his diploma, he was required to write a thesis to be printed at his own expense and publicly defended at the annual commencement.

Rogers at the close of his second course of lectures lacked still six months of the two years required; but, worse than this, his money was now exhausted, and he could not afford the expense of the six months' board in addition to that of printing his thesis, and so he was forced to turn his face homeward. This he did with some natural feelings of disappointment, but not in the least discomfited, as he might have been had his case been a peculiar one. But it was in no

wise solitary, for at that time the exception with students of medicine in the West was to obtain diplomas, the rule being to commence business without them. Rogers was able without his to form a most eligible business connection on his return home. He fixed his home at Danville, in a wealthy, refined neighborhood, and was taken into partnership by Dr. Ephraim McDowell, who had been the classmate of his preceptor, Brown, in Edinburgh. McDowell was then just entering upon that career in operative surgery which has since rendered his name illustrious. He had already acquired reputation as a surgeon and had a large general practice, so that Rogers was at once inducted into a lucrative business. Soon after the partnership was formed they found it advisable to open an office at Stanford, in the adjoining county of Lincoln, where Rogers attended, on appointed days in the week, to meet those seeking their services.

"On the 3d of November, 1805, having after a five-months' trial become sufficiently well established in the practice to feel secure of support, he married Miss Jane Farrar, who lived to share his fortunes and lighten his cares until their children, six in number, were all grown." *

Lexington was at that time popularly styled the "Athens of the West." It was then the literary as well as the commercial emporium of all the country west of the Alleghany Mountains. It had drawn to it a most cultivated and elegant society. Its university, which had been founded almost as early as the limits of the city were marked out, was rising into repute, and in all respects Lexington was the point of all others in Kentucky most attractive to an aspiring young physician. In 1810 Dr. Rogers removed with his young family into the neighborhood of this flourishing town, where already a movement had been made toward the organization of a medical school. In 1816 he returned to Philadelphia and attended a third course of lectures, with reference to

* Prof. Bullitt's address on the life and character of Dr. Coleman Rogers.

becoming a medical teacher. At the public commencement the degree of M. D. was conferred upon him, and when a medical faculty was organized in Transylvania University, the same year, he was appointed adjunct professor of anatomy. This organization, besides Rogers, embraced the names of Drake, Dudley, Richardson, Blythe, and Overton. Nature pointed to Rogers as a medical teacher, and the advantages of a commanding person and a fine address had been enhanced by a very careful medical education. To all observers he must have looked the peer, and in many respects was undoubtedly the superior, of his colleagues, some of whom have since risen to such distinction in the world. In the twelve years of practice he had acquired considerable experience in surgery, and anatomy he had made a special study.

The auspices under which the school was about to commence appeared flattering, and a bright career seemed to be opening before it. His colleagues, though untried as teachers, were young men of energy and promise, and they had the wide empire of the West all to themselves. What were the difficulties in his way that after a brief experiment made him withdraw from the enterprise I have no definite knowledge; but it is known that from the start his relations with one of the professors were not cordial. He was displeased with the arrangement which assigned the two important chairs of anatomy and surgery to Dr. Dudley. It was his conviction that either one ought to satisfy the ambition of one man, and was quite as much as one man should aspire to teach. Nor was this the only trouble in the way of the school. Subjects for dissection were procured with difficulty, and the professor of anatomy felt it necessary on that account to discourage dissections. There was therefore but little for the adjunct professor of anatomy to do. Finding himself thus overshadowed by his chief, whose brilliant achievements in surgery had given him the start of all his competitors, Dr. Rogers soon relinquished an office which seemed to him but little

more than a barren scepter, and in the autumn of 1817 removed to Cincinnati.

After a single session of the young school the whole faculty was dissolved, the professors parting from each other in the worst temper. Dr. Drake, who had written to Rogers in Philadelphia, a year before, that he had serious thoughts of making Lexington his future home, returned disgusted to Cincinnati, and went earnestly to work to procure a charter for a medical college in that city. He had written frequently to Rogers on the subject, enlarging upon the advantages of Cincinnati over Lexington as a site for a medical school. Their acquaintance had impressed Drake most favorably with his aptitude for teaching, and he was urgent with him to accept a place in the college he was laboring to establish. His flattering representations prevailed, and the name of Coleman Rogers appears, with that of Samuel Brown and Daniel Drake, as one of the corporators of the Ohio Medical College. Drake by the act of incorporation was professor of theory and practice and president of the faculty; Rogers was made vice-president and professor of surgery. By a most unwise provision in the charter the faculty was invested with authority to appoint and remove professors and order generally the affairs of the institution. The college thus organized went into operation in the fall of 1820, a year after Transylvania had been reorganized with Caldwell and Brown in its faculty, Brown having decided finally to return to the scene of his early triumphs rather than take a place in the school at Cincinnati.

Rogers before removing to Cincinnati had been invited by his friend Drake to unite with him as a partner in the practice of physic. In every way this union seemed a fitting one. Rogers was aspiring to surgical practice; Drake was seeking distinction as a general practitioner. Rogers was a practical man; Drake was a writer and an originator. Each was in some sort complemental of the other, and their asso-

ciation in practice and in the school promised good results. Rogers appeared at last to have an open field before him, with every circumstance favorable to success; but, as at Lexington, clouds soon gathered over his bright prospects. He found it impossible for some reason to get on harmoniously with his able colleague and partner, and after a single course threw up his appointment in the school. The quarrel, which grew bitter between these old friends and was never composed, proved fatal to the early success of the Ohio Medical College. Drake, after parting with his most efficient colleague, soon found himself involved in controversies with the remaining professors, that resulted at last in his ejection from the institution which owed its existence to his efforts.

This remarkable man, who once said of himself that "he had been elected to more professorships and expelled oftener than any other American physician," was endowed beyond most of the men who have adorned the medical profession of America. He was a writer, a lecturer, and a thinker of the highest order. In no instance during his eventful life, I believe I may affirm, did he ever measure arms in debate with any disputant and leave the arena worsted. He was instinct with the enthusiasm of genius, and all his thoughts during the greater period of his life turned upon teaching medicine. His complaint in his later years was that medical schools had consumed him. To establish a great school of medicine at Cincinnati was the darling project of his ambition. The vision of his early enterprise never forsook him. It haunted him in Philadelphia, when he crossed the mountains to give lectures in the Jefferson Medical College; and when lecturing to crowded classes in the University of Louisville he saw it still before him, as he said, beckoning him back to the theater of his earliest endeavors. But after he and Rogers parted company things in the faculty grew worse and worse. Of his remaining colleagues neither was his friend, and in their hands was the government of the

school. It was with them to say who should remain in it and who should retire. Elijah Slack and Jesse Smith, the professors of chemistry and surgery, were masters of the situation, and they were tired of Dr. Drake. So in the spring of 1822, at the close of the second session of the school, a faculty-meeting was called by the president, at their instance, and the three met in all due form and proceeded to business. It was moved by Professor Smith that Daniel Drake, M. D., professor of the theory and practice of medicine in the Ohio Medical College, and president of the faculty, be expelled from office. Prof. Slack seconded the motion. There being no division of sentiment, there was no opening for debate, and the question was formally put by the president. There were two votes in the affirmative. The chair could not vote except in case of a tie. The president therefore announced that Dr. Drake was unanimously expelled; and Prof. Slack, taking up the only candle that lighted up this extraordinary scene, politely bowed the extruded officer down the dark stairway, out into the streets.

Dr. Rogers was pursuing his profession in Cincinnati while these events were progressing in the Ohio Medical College, a deeply-interested spectator, but, after his quarrel with Dr. Drake, with no disposition to check or change their course.

In the spring of 1823 he removed to this city. Louisville the summer and autumn before had been ravaged by a bilious fever, which in point of severity rivaled the fevers of our southern seaboard. Nearly the whole population suffered from the pestilence, and at times there were not enough citizens in health to wait upon the sick. The town at that period was dotted over by ponds, and large accumulations of stagnant water defaced all its suburbs. Annually it was visited by remittent as well as intermittent fevers, but this year the fever assumed a peculiarly malignant type. Among those who fell victims to the disease were several physicians, and the succeeding summer proving sickly, Dr. Rogers soon

found himself in the midst of a laborious business, which never slackened while he was able to pursue it. "His success here enabled him to rear and educate in the most liberal manner one son and five daughters, and accumulate enough to give them all some patrimony; and this he accomplished without denying himself or family any of the comforts or rational enjoyments of life." *

From the first he took a deep interest in the Marine Hospital, finding time in the midst of his laborious business to discharge the duties of one of its surgeons. His connection with the hospital forced on his mind the superior facilities of Louisville over any other point in the state for imparting medical instruction; and in 1832, in conjunction with the late Professor Powell and some other medical men of the city, he procured a charter for a medical school, under the title of the Louisville Medical Institute. The chair assigned to him was anatomy, not from any choice of his o[illegible] for he would doubtless have preferred that of surgery, but to make room for Dr. Alban G. Smith, who was aspiring to distinction as a surgeon. He had, however, kept up his acquaintance with anatomy from the time of his first appointment at Lexington, and was well qualified for the duties of that department; but there was no call upon him for a display of his abilities as a teacher. The Medical Institute had no existence for several years, except on paper, and yet it was by no means inoperative. The announcement had the effect of calling forth from Dr. Caldwell, of the Transylvania school, a powerful pamphlet on the "Impolicy of multiplying Schools of Medicine in Kentucky," and no doubt it also hastened the decision of the Lexington professors to come with their school to Louisville. In the end the attempt was made to transfer the medical department of Transylvania to this city, but the effort resulted not only in failure but in a dissolution of the faculty. As a result of the controversy

* Prof. Bullitt's address on the life and character of Dr. Coleman Rogers.

ensuing the citizens of Louisville became deeply interested in the establishment of a medical school, and a munificent appropriation was made to the Medical Institute.

It was deemed advisable, after this important step had been taken, to reorganize its faculty, and in consequence all its professors resigned. Dr. Caldwell, who had been actively instrumental in securing the liberal endowment voted by the citizens, and had the confidence of the trustees, was elected to the chair of medical institutes. In a short time Dr. Henry Miller, by his advice, was elected professor of obstetrics. Dr. Rogers was displeased at the course of his old preceptor and friend, feeling that his claims had not been duly respected. He was much the senior of all the original professors in the institute, and was certainly behind none in point of professional reputation. It was therefore natural that he should take some offense at the apparent oversight of his claims. He was in fact so deeply offended that when Caldwell at last proposed to him to take the chair of surgery he refused, nor could he afterward be prevailed upon to accept it. "You have a bad leader," he was in the habit of saying to the junior professors of the institute; "Caldwell *will* lead, but he is a bad leader."

The failure to secure his services was undoubtedly unfortunate for the projected school. Rogers would have made an impressive, popular teacher. His large experience and thorough knowledge of surgery would have given value and force to his lectures. His connection with the institute would have strengthened it with the profession of Louisville, and might have averted contests, growing out of the election of a professor of surgery, the baleful effects of which outlasted its first generation of teachers. Other reasons probably conspired with the one given to bring him to his decision, which, however, was final; but he lived to see his son an honored professor in the school to which he gave the first impulse.

The mind of Dr. Coleman Rogers was robust, like his

body, and by organization he was bold, frank, and manly. His manner was independent, incisive, sometimes abrupt, suggesting the idea of a temper somewhat imperious and intolerant of opposition. In the sick-room he asserted the utmost prerogative of his profession, and was autocratic both in his way of issuing orders and of administering rebuke when a patient or nurse ventured to contravene his authority. Quick to resent offenses against himself or his profession, he was most scrupulous in the observance of every duty relating to his professional brethren or to society. He died in this city, on the 16th of February, 1855, in his seventy-fifth year.

Dr. Lewis Rogers inherited all his father's virtues, and enhanced the great reptution to which he succeeded. In person he was not so commanding as his father, but he had an address better suited to the sick-room. With all his father's firmness of purpose, he had much more than his father's suavity of manner and all his devotion to his profession. He was born near Lexington, Ky., on the 22d day of October, 1812. His scholastic opportunities were the best, and he made the best use of them. Coming to Louisville when eleven years old, he was inducted at that early age into the profession which he was to pursue by being in his father's shop and present at nearly all his operations. Hardly a day passed without his seeing something in the practice of physic or surgery. Even when a boy he rarely missed a surgical operation or a *post-mortem* examination if he could possibly witness it, and as he grew older his long winter evenings, when he could spare the time from his studies, were spent with his father and his friend, Dr. John P. Harrison, in their dissecting-rooms.

In October, 1829, he was sent to Transylvania University, at that time under the presidency of Dr. Alvin Wood. In 1831, in his senior year, he went to Georgetown to a well-organized Baptist college, for the special purpose of studying the French language under an accomplished teacher. At the

close of the first session in this college he took the degree of Bachelor of Arts, and about the same time he returned to Transylvania by invitation of the president, delivered the salutatory address in Latin, and was admitted to the same degree in that institution. In the fall of 1831 he entered regularly upon the study of medicine with his father. The succeeding summer Louisville was visited by epidemic cholera, and he saw much of the pestilence in its progress as well as in its results, availing himself of every opportunity of observing the disease as well as of examining the bodies of its victims after death. In the fall of 1833 he repaired to Transylvania University to attend lectures in its medical department. On his return home in the spring he was appointed resident physician to the city work- and poor-house. Among the inmates of this institution were many patients afflicted with delirium tremens. This disease he made a special study, noting carefully its phenomena during the life of its subjects and after their death, and the results of his observations he embodied in his inaugural thesis. Having devoted four years to the study of medicine under his father and some of the best teachers in Kentucky, he in 1835 entered the University of Pennsylvania, and was graduated Doctor of Medicine the following spring. Returning at once to Louisville, he engaged, in April, in the practice in an office with his father. At first he preferred to come before the public on his own independent claims; but finding after a few months that he was called to attend to much of his father's business as well as his own, a partnership was formed, which continued for many years.

On the organization of the Louisville Medical Institute, the year after he took his degree, he was appointed by Dr. Caldwell his clinical assistant. In that capacity he rendered himself eminently useful, and won the admiration of the class by his skill as a diagnostician and his knowledge of therapeutics. It was his business, as assistant, to make a selection

of the cases in the hospital for the professor of clinical medicine, to diagnose the disease, and write out a history of the case. This he did with an accuracy and a fullness that left the professor very little to do but deliver the lecture. When Dr. Drake was elected professor of clinical medicine in the school it was his wish to continue Dr. Rogers in the office for which he had exhibited so rare an aptitude, but his health had unfortunately failed, and for several years he was not equal to the required labor.

He was married on the 29th of January, 1839, to Miss Mary Eliza Thruston. The father of this estimable lady was a lawyer of brilliant talents, and of an eloquence that gave him a great ascendency over the people and made him for many years a leading politician in the state. Her mother, the daughter of the Hon. Fortunatus Cosby, was a lady of rare intelligence as well as personal beauty, and belonged to the largest and one of the oldest and most influential families of Louisville.

From the first organization of the Louisville Medical Institute Dr. Rogers had taken a deep interest in the school, not only as a project of his father's, but as the beginning of what he was convinced would grow into a great institution. He gave his time and influence to its advancement until his health compelled him to abstain from all unnecessary labor; but all the time his ardor was in some degree chilled by what he looked upon as a fatal flaw in its organization. He had conceived early and strong prejudices against the theory and practice of Prof. Cooke, whose lectures he had attended while a student in Transylvania. All the instruction he received in the office of his father, as well as all that he heard from his teachers in Philadelphia, had strengthened those prejudices. It was less the congestion theory of this once most influential teacher than his profuse employment of calomel that excited the opposition of Dr. Rogers. Dr. Cooke was a man so sincere, so thoroughly upright, so perfectly convinced of the

soundness of his views, and withal was master of a logic so persuasive, that he carried his students with him, and his heroic practice was becoming the practice of the country. His use of mercury, lavish beyond any thing hitherto known in the practice of medicine, was in no wise empirical. On the contrary, his practice was based on the most carefully-considered principles. Congestion of the *vena cava*, he had persuaded himself, is the *fons et origo* of most of the disorders our flesh is heir to, and he looked on calomel as the only reliable remedy for removing the congestion by its action on the liver. He administered the remedy in doses required by the character of the obstruction. If small quantities sufficed, he stopped with small doses; but if more was necessary, he administered it by the scruple, by the drachm, by the ounce. So that in 1833, while cholera was raging in Lexington, he announced that he had given more than two pounds to one patient in that disease. Against a theory so mechanical as this appeared to him to be, and a practice fraught with such danger as he saw in it, Dr. Rogers felt in conscience bound to raise his voice, and on this account he seemed for a time less cordial than he really felt toward the school.

In 1844 Prof. Cooke, against whose system the opinions of medical men had every where become generally arrayed, resigned his chair and retired with dignity to private life, carrying with him the respect and admiration of the profession and of the community for his learning and talents, and, above all, for his integrity and devotion to principle.

In 1849 many changes were made in the faculty of the medical institute, which had now become the medical department of the University of Louisville, and Dr. Rogers, having reached the head of his profession in the city, was selected by the trustees to fill one of the vacant chairs. He succeeded Dr. Short in the professorship of materia medica and therapeutics. That learned and accomplished teacher, who had

contributed his full share to the success of the university, had begun to be weary of the turmoil of medical schools. He had been in Transylvania during its brightest period, and left it in 1838 on account of its troubles. He had seen the University of Louisville established on a secure basis and attracting the largest classes that had assembled in any medical school in the West, and was well disposed to retire to his elegant villa. Years and fortune had brought him all the goods that this world has to give, and he betook himself to his retreat with a fame as unsullied as was ever borne to the grave. Dr. Rogers fully sustained the dignity of a chair which had been filled with so much ability. He took high rank at once in a faculty composed of able and experienced teachers. The cast of his lectures was found to be solid and philosophical. He was, I think, the most practical of all the scientific teachers and the most scientific of all the practical teachers of medicine I have known in our country. In this respect he reminded me always of Trousseau. He had the art possessed by the great French clinician of bringing the light of medical science to bear upon and illustrate his clinical observations. He was furnished with the science of Drake, and had enjoyed much more than his clinical experience. He had much of the medical learning of Dunglison, with a practical knowledge of disease and therapeutics to which the great lexicographer could lay no claims.

Some years later, when Prof. Austin Flint resigned his professorship in the University of Louisville, Dr. Rogers was transferred to the chair of theory and practice. The change imposed but little additional labor upon him. His large experience and ample professional learning, ripened by the years of practice he had had as a teacher, made it easy for him to deliver a matured course on the broader subject.

Finally, when the chairs in the university were again recast, in 1867, and the trustees did me the honor to place me in that of theory and practice, Dr. Rogers was restored to the

professorship in which he commenced his career as a public teacher. He delivered a course on materia medica and therapeutics during the winter of 1867–8, and at the close of the course sent in his resignation. His constitution was not equal to the strain imposed upon it by his laborious practice and his duties in the university. His eyes especially had failed him. He could no longer use them at night, and they pained him during the day. For their relief it became necessary to have the operation of iridectomy performed, which, by my advice, was done by Dr. Agnew, of New York. I accompanied Dr. Rogers when he visited that distinguished ophthalmologist. The operation, which was done by Prof. Agnew in his best style, was perfectly successful.

Dr. Rogers was taught early in life that he must work. The lesson was not lost on him. A former classmate at college, a gentleman who has since attained to well-deserved distinction as a jurist, Judge Duval, said to me a short time since, "Rogers was the most laborious student I ever knew." He was certainly the most steadfast worker I have ever known. With a frail physique—indeed for most of his life a valetudinarian—he managed to perform an amount of labor which was simply prodigious. For long periods of time at a stretch he would give twelve, fifteen, and eighteen hours out of the twenty-four to his business. He retired late and rose early, and lost no time during his working-hours. We were sitting once, the last night of the year, in a sick-room. The object of our solicitude was a young mother, whose life seemed as if it might go out with the dying year. The occasion was a solemn one, and the conversation naturally took a serious turn. The old year had but a few moments more to run. Dr. Rogers remarked, "I believe I can say that I have not lost a single day in the year that is going, and I am going to try not to lose an hour in the one on which we are about to enter." The new year was rung in, and fled like its predecessor. At its close Dr. Rogers and I sat by the bedside of

the child who had imperiled the life of its mother a twelve-month before. The coincidence of time and place was calcu lated to impart soberness to our thoughts. The conversation of the year before came back to us when Dr. Rogers, after passing some moments apparently in deep reverie, leaned orward in his chair, and in his most impressive way said, "Doctor, I have lived up to my resolution; I have not lost an hour this whole year." I believe he might have said this of many years of his life.

Dr. Rogers possessed an uncommon memory. He never found it necessary to carry in his pocket any helps to this faculty. He had no "visiting-list," and, though his daily calls were always numerous, he never forgot a patient nor failed to keep an appointment. I have known him often to fix a visit for a week away, and yet he was sure to be on the spot to the minute. It was my great good fortune some years back to have his ministrations in a protracted case of typhoid fever in my own person. He visited me, during nine weary and perilous weeks, twice and sometimes thrice daily, and never was he once as much as five minutes behind the hour of the promised call. His promptness and punctuality were pro-verbial. Notwithstanding he commanded for more than forty years the largest general practice ever done by one man in this city, he found time to answer every professional call. He once remarked to me that he did not remember ever to have turned away a call for the want of time to attend to it.

Dr. Rogers was best known as a general practitioner of medicine, but he was a strong man in both the other great departments of our calling. As a practitioner of obstetric medicine he ranked alongside of Miller, and even in surgical matters his great reading, varied experience, and unsurpassed powers of observation made his opinions of exceeding value. Indeed, for my part, for many years I had come to esteem his views, whether in medicine, obstetrics, or surgery, as well-nigh final.

He possessed every mental attribute necessary to make the great diagnostician. He was endowed with unsurpassed powers of observation, and these he had cultivated to the last degree. His reasoning faculties were of the best. He was eminently logical. He was a man of much learning. His memory never failed him, and his experience was vast. Withal he was patient, painstaking, thorough, exhaustive.

As a practitioner he was cautious, yet on occasion conspicuously bold. His courage under danger was superb. He had a deep and well-grounded faith in the resources of his art, and of them he was a consummate master.

It was said of a celebrated English physician "that he never lost a family in which he had lost a patient." The same was literally true of Dr. Rogers. The confidence of his patients in him was unbounded. He was sought after and admired by the rich, idolized by the humbler classes, beloved by all.

For more than a quarter of a century he was the leading consulting physician of this city, and he deserved to be. His reputation, his knowledge, his sagacity, his prudence, his respectful consideration for junior practitioners, united to a suavity which attracted and a gentleness which captivated all who came within its influence, made him the great counselor of the profession in Louisville. Like some of the heroes told of in Homer, he has left a void which can not be filled, an armor which none can wear.

The laborious practice in which he was engrossed, almost from the beginning to the close of his professional life, left him with no leisure for authorship. He read much, notwithstanding the pressure upon his time. It was his habit to carry some medical author or periodical with him, and read in his carriage as he was driven from the house of one patient to that of another; but it is much to be regretted that he has placed on record so small a part of his valuable experience. It was a regret which he often expressed himself that he had

not early in life formed the habit of taking notes of all his cases. Had he done so it would have been easy for him, from the immense mass of materials which would have accumulated on his hands, to have written with profit to the profession as well as to his own reputation. The few contributions which he made to the periodical press are characterized by sound judgment, careful observation, and good taste. His style was simple, clear, precise, as befitted the practical subjects upon which he wrote. Whenever he consented to give a paper to the press it was in the belief that he had something valuable to say, and his papers always arrested attention. Though not among the noted writers of our country, his reputation was co-extensive with its limits, and he had a name among our first practitioners of medicine.

In the summer of 1851 I was first called to see Dr. R. professionally, and from that time until the close of his life it was my privilege to be his medical adviser. On the occasion referred to he had taken alarm at the movements of his heart, which had become irregular and intermittent. I saw him in the night. He was suffering from a paroxysm of palpitation induced by overwork and perhaps by indulgence in the use of tobacco. After a careful examination of the disturbed organ I was able to assure him that the trouble was functional, not organic; and though the affection continued occasionally to annoy him for the remainder of his life, it contributed in no wise to his end.

When the American Medical Association met here in May last he was confined by his final illness to his room. His former colleague, Dr. Austin Flint, hurried to see him as soon as he reached the city, and strove to cheer him by a hopeful view of his case. This old friend furthermore, at one of its early sessions, brought his name before the association in these terms:

"During the present meeting of this association we have missed the familiar face and the active co-operation of one of the most

distinguished members of our profession in the city of Louisville, Dr. Lewis Rogers. He is ill, and has been so for some months. Under these circumstances it seems proper that the association should express a tribute of respect to and sympathy for our worthy colleague. I therefore offer the following resolution:

"*Resolved*, That the American Medical Association tender to Dr. Lewis Rogers regret for the illness that has deprived the association of his presence and aid in the proceedings, and our hope that the profession and the community may again be blessed by his return to the enjoyment of health.

Dr. Rogers was one of the few physicians of prominence whose entire professional life was passed almost without a personal or professional quarrel. He was eminently a man of peace; and then his incessant occupation kept him out of the way of medical gossip and scandal. He lived in a higher and purer atmosphere than that which surrounds the idlers, who are also usually the mischief-makers, in our ranks. What of his time was not occupied with professional engagements was spent with his books or with his family. On one occasion, when he had been assailed in a medical print, he remarked, "What an unhappy creature Dr. —— must be! How unfortunate to have such a temper!" but deigned no other notice of the attack or of its author.

His whole mind and heart were engaged in his calling, and, as he viewed it, there was none more lofty among men. He sank all personal considerations in the discharge of what he deemed were its obligations. When asked on one occasion if he would meet in consultation a certain physician who had done him a gratuitous wrong, and to whom he had ceased speaking, he replied, "I never allow my personal feelings to enter into my business. If my services are desired, I will meet any respectable practitioner, whether I am on terms with him or not."

In the last twelve years of his life Dr. Rogers made three voyages to Europe, each time with marked benefit to his health; but the time finally came when neither travel nor

rest brought relief to his overwrought frame. Toward the close of 1874, after a season of very trying work, we were both called to a neighboring town to see its leading citizen. On our way he directed my attention to a slight and what I thought at the time an insignificant enlargement of one of the ribs on his right side, and asked me if I had ever seen cancer of any internal organ show itself first as a periosteal tumor. I answered him that I had not. He then added that when he first met Prof. Stokes that renowned physician had stated it as his experience that malignant disease of the viscera not unfrequently gave the earliest notice of its presence by an enlargement upon some neighboring bone. The subject being new to him at the time, as it then was to me, he had made a note of the conversation of the great Dublin practitioner, and he promised me he would look it up on our return home. He never did so; but a fixed uneasiness over the region of his liver, coupled with the statement of Prof. Stokes and the enlargement of the rib referred to, awakened in his mind the gloomiest forebodings. He continued, however, to attend to calls until the 13th day of March, when he paid his last visit, and was never again seen on the streets.

He was, as I have intimated, the first to detect the real and consequently hopeless nature of his disease. Certainly before any of us who were in attendance upon him had allowed ourselves to believe that it was of so serious a character he announced his belief that it was malignant disease of the liver, and he did so with the calmness with which he would have expressed an opinion in the case of one of his patients. As his fatal malady went on he watched its ravages from day to day with the same scientific scrutiny with which he noted the progress of disease in others. Death indeed had no terrors for him. He often declared to his friends that the months during which he had been confined to his sick-chamber had been the happiest of his life; for until then, he said, he had no conception of the love and devotion of his wife and chil-

dren to him; he had never taken time to enjoy the society of his family; and he looked forward to the untried hereafter with a serenity that was wonderful. His end was one of ineffable peace. Nor was this perfect composure, in view of the great change, the stolid indifference with which men are often seen to meet death when their faculties have been blunted and stupefied by disease. Far from it. His intellect remained clear and his sensibilities were tender to the last. He calmly surveyed all his surroundings, and was able peacefully to resign his soul into the keeping of him whom he had sought to honor by a life devoted to the service of his afflicted fellow-men. "Tell my dear friend," he said to the servant of a lady who had sent him some flowers, "that I am going down into the dark valley very surely, but very sweetly." His religious creed was a brief and simple one—"Fear God, and do your duty to the sick"—and in its fulfillment his whole mind and soul had been steadily engaged.

The Rev. J. H. Heywood, in a touching sermon preached the evening after the death of Dr. Rogers, alludes to the religious aspect of his character in terms so just and beautiful that I can not forbear to reproduce them in this connection:

"Ten years ago this very month I was in the city of Rome, and there I had the pleasure of meeting a party of friends, most of whom were from Louisville. We were together in that venerable city but two days, for they had arrived before me and had nearly finished their visit. One of the days was Sunday, and at the request of one of those friends I conducted a religious service in one of the rooms of the hotel. At home we were associated directly and indirectly with various churches, but in that far-away city all sectarian divisions were forgotten. We were not then Episcopalians, Methodists, Presbyterians, Baptists, Unitarians; we were Christians, fellow-travelers rejoicing in the thought of a common Father, a common Savior, and the hope of a common heavenly home. The friend who requested me to conduct the services was not formally a member of any church, but a man of beautiful mind, of reverent spirit and tender heart, possessed of all the traits, the gentleness, the skill, the courage, the sympathy which make the trusted and

beloved physician. We united in reading the sacred words, in meditation, and in prayer. Our hearts were as one heart.

"The next morning we parted. The good friends went on their way. I remained to see the 'Eternal City,' as pride and reverence and affection term it. Ten years have rolled by. The changes which mark all mortal life have attended them. Two of the number some time since passed on to the spirit world; and to-day, at 9:30 o'clock this morning, went to the land of the dead the respected friend who asked for the religious services in Rome; the honored citizen whose intelligence, integrity, and courteousness commanded esteem and won affection; the beloved physician to whom thousands of the sick and suffering ones have turned with undoubting confidence, whose kindly presence brought comfort and peace to anxious and sorrowing hearts, and whose memory will long remain a precious treasure and a benediction."

As a son Dr. Rogers was reverent and dutiful; as a brother affectionate; as a husband appreciative, thoughtful, and full of love; as a father indulgent, tender, devoted; as a friend faithful; as a citizen upright. He lived a brave, a blameless, stainless life from its beginning to its close. He died, at his house in this city, on the 17th day of June, 1875, in the sixty-third year of his age.

SCLERODERMA.*

BY R. M. ALEXANDER, M. D.

The notes of this case were transcribed from memory. It being an anomalous one, its distinctive features were very deeply impressed upon my mind, and may be regarded as reliable as if taken at the bedside, and essentially as practical.

Mrs. M. S., aged about forty years, came under my charge in the early spring of 1872. She had formerly been under

*Read before the Louisville Academy of Medicine, September 3, 1875, and published by request of the society.

treatment for uterine disease (ulcer of the os and cervix, with displacement), but more particularly for subacute articular and muscular rheumatism, involving, as she alleged, at different times all the joints of both superior and inferior extremities, together with the muscles of the fore-arm and the lower portion of the inferior limbs.

At the time my attention was first particularly directed to the nature of the malady the active and urgent symptoms of the disease had somewhat abated. She complained of general malaise and soreness of the joints of both upper and lower extremities. There was seemingly some enlargement of the small joints, but upon inspection it was attributed to retrocession of the soft parts externally; some of it may have been due to hypertrophy of the connecting media. There was considerable immobility of the smaller joints, precluding the grasping of small articles within the fingers, except with some effort, which was not devoid of pain. The symptom or condition, however, which more particularly attracted my attention was the extreme hardness of the surface of the extremities. I found them upon examination to be seemingly as hard and unyielding as if they had undergone osseous degeneration. I made no thermometrical test, save the test of nature's differential thermometer, which was sufficiently acute to detect a well-marked difference in the temperature of the sclerosed and circumjacent parts. Wherever the sclerosis existed I found the parts very cool indeed to the touch, reminding one of the feel of the cadaver.

Upon examination of the front of the chest I found the same characteristic sclerotic condition of the dermoid tissue as on the extremities. This indurated condition involved at least the lower third of both the lower and upper extremities, and extended over the anterior part of the chest, involving to some extent the mammary glands. The fingers and toes were considerably separated from each other; this was more marked in the fingers than the toes. The coloration of the

surface of the extremities was quite a striking feature of the disease. In some places it was of a dusky-gray color, and in others a very pale purple or slightly mottled, and in others yellowish-brown, and looked lifeless. The coloration of the chest was quite different; that presented a shining, glazed appearance, resembling cicatrices. The pigmentary matter seemed to have been absorbed, leaving decolorized spots, which were irregularly crescentic in shape, but presented no uniformity of size or arrangement. I inferred from the statements of the patient that the chest was the radiating point of the disease.

The development of the malady was very gradual. She dated its inception more than a year prior to my first notice of it, and it was yet extending slowly when I lost sight of the case, in November, 1874. The only breach of continuity was a small superficial ulcer situate about midway over the metacarpal bone of the small toe, which would yield slowly to the carbolic acid and olive-oil, but would recur again on slight provocation. The cutaneous sensibility was slightly but not notably impaired; the capillary circulation was sluggish, and required some time to be restored after being arrested by pretty hard pressure. If there was any pitting on pressure, it was so little as hardly to be appreciable. There was very notable diminution of flesh. The adipose and connective tissue was evidently much condensed, as it was impossible to grasp it up in folds as in its normal state. There was not the corresponding ratio of reduction in the muscular tissues that is the usual concomitant in loss of weight. Their features were firm and prominent, and felt as if they too were the subjects of the same deposition as in the connective media.

Another prominent symptom or characteristic of the affection was the marked change of the expression of the eyes. In health these organs were large and lustrous, but now they seemed a great deal smaller. Of course there could have been no actual diminution in their size; but the condensa-

tion consequent upon the disease of its connective tissue or its degeneration into compact fibroid structure removed an amount of resistance from the contractile muscular tissue which allowed the muscles of the eye to embrace more closely the organ, presenting the appearance as if the eye were much smaller. The internal structures of the organ did not seem to sympathize with the disease, as there was no contraction of the visual purview. The mobility of the patient was considerably interfered with, confining itself to the region of the sclerosis. The muscles were bound, as it were, in a solid sheath. There was no paralysis, however, save that incident to mechanical obstruction, and seemingly no affection *per se* of the nervous system.

The bowels, as a general rule, were constipated, but the alvine evacuations presented no abnormal characteristics. There was evident diminution of the renal secretion, judging from the gross appearance, as detailed by the patient. The urine was high-colored, burning, and left a sediment on standing. No tests were made of its chemical constituents. Appetite capricious, and not as vigorous as in usual health; digestive apparatus seemed to be intact; no pain or nausea of the stomach; some dyspnœa when exercise was carried to excess; intellect clear; cutaneous transpiration normal in its action, rather clammy in character, and lower in temperature on sclerosed spots. Insomnia was at times quite a prominent and formidable symptom. On pretty hard pressure over the indurated parts a sense of dull pain was referred to the deeper structures. The circulation was normal; heart-sounds natural; no cough. The patient had not yet passed the "terra del fuego" of life. Catamenia natural. She was in comfortable circumstances, and enjoyed the best of hygienic influences, and was scrupulous in observing them.

The treatment of the case consisted of iron in all its forms and many of its combinations, quinia in various combinations, iodide of potassium, bromide of potassium, mercurials, bitter

vegetable tonics, nitrate of potash, and other alkalies, stimulants straight and laced, and a multitude of topical remedies, all of which were of no seeming avail.

Scleroderma is a rare and in many respects interesting disease, the literature of which is very meager, the recorded cases perhaps not exceeding fifty. Indeed up to April, 1870, but forty-four cases of the disease had been brought to the notice of the profession, but seven of which afforded any opportunity for studying its pathological character. A careful analysis of the clinical history of the present case stamps it clearly upon my mind as being one of scleroderma, making a sum total to date of forty-five cases. Cases may have been recorded and escaped my observation; many doubtless have occurred of which no mention has been made. It is somewhat remarkable that a disease of which we have only forty-five examples should grace the nosological calendar with eight synonyms—to wit, sclerodermia, sclerema, scleremia, scleremus, scleria, scleriasis, scleroma, sclerosis, sclerymus—all of which, however, possess a common derivative, and refer to one of its chief anatomical characteristics; namely, the hardness of the diseased tissue.

In the limited researches that the literature of the disease allows us to make we find the first well-authenticated case to have been reported by Curzio about the middle of the last century. Henke was the second observer; he contributed the details of a case near the beginning of the persent century. It was, however, left for Therial, in 1845, to present to the profession any thing like an elaborate treatise on the disease. Nine years later, in 1854, Gillte collected and published in a French journal the history of fourteen cases, including some that occurred in his own practice. Seven years afterward, in 1861, Arnig presents the details of eighteen cases, one of which came under his own observation. In 1864 Köbner collected twenty-nine cases, of which he contributed a history. Other German writers a few years subsequently reported eight

additional cases. Rasmussen, of Copenhagen, contributed, in 1867, the details of a case, which he says was the first ever described in Denmark. Walter De F. Day, M. D., of New York, in an article furnished the American Journal of the Medical Sciences for April, 1870, refers to three cases of the disease reported to that journal by Dr. A. B. Arnold, of Baltimore, in the July number of 1869. Dr. Arnold seems, as far as I know, to have been the first American physician who contributed any thing to the literature of the disease on this side of the Atlantic.

Dr. Day, in the article referred to, after reporting a case with the autopsy, makes some extended remarks on the disease, and to them I am indebted for much of the above data. In noting the frequency of the disease and number of cases reported, he says, "If therefore no cases have been overlooked, the present one makes the forty-fourth recorded, and the autopsy is the seventh."

Since writing the above I feel convinced from further researches that Dr. Day is probably mistaken in regard to the number of cases reported, and I was led into an error in stating that but forty-four cases had been recorded, as I find from the data referred to by Dr. Day that seventy-six cases of the disease in the aggregate have been presented to the profession. In this, however, I may be in error, as two or more observers may have cited the same cases. If this estimate be correct, the present makes the seventy-seventh recorded case. Hebra (Diseases of the Skin, Vol. III, 1875) says about fifty cases have been reported.

Within the last few years histological dermatologists have made minute analyses of the chief pathological character of scleroderma, but this is not yet regarded as fully established. "Its anatomical characteristic is the production in the lower portion of and beneath the skin of dense fibrous tissue in great abundance, varying in different cases. This renders the integument notably rigid and resisting to pressure. It is

closely adherent to the muscles. It can not be moved over these or pinched up in folds. The muscles are restrained in their movements by the density of the structures above them, as if a firm bandage were closely applied. More or less wasting of the muscles is caused by the pressure. Pigmentary matter is in most cases deposited in cells of the rete mucosum, producing a discoloration which is yellowish or yellowish-gray or dark-brown, more marked in some situations than others, but in some cases the skin becomes decolorized. These changes may be either limited to certain parts or diffused over the whole surface, but varying in amount in different places."

This very faithful and striking description of its anatomical character is from the pen of Professor Flint. You will very readily perceive the typical character of the case just reported. Prof. Flint was the consulting physician in the case referred to by Day, and was present at the autopsy.

The pathological character of the disease consists of a smooth, tense skin, scarcely movable; muscles pale and atrophied, and in some places granular degeneration; skin and subcutaneous tissue more closely bound together than usual, the latter containing scarcely any fat and its connective tissue being abnormally dense; there is pigmentation of the deepest layer of cells, more marked in some locations than others; capillaries contain abnormal quantities of blood; fibrous tissue increased in quantity, this augmentation rapidly increasing as the under surface of the skin is approached, resulting in an enormous development of fibroid tissue, which is the cause of the induration and thickening so manifest in the affection, and producing its chief characteristic.

Rasmussen, of Copenhagen, a recent observer, seems to have studied its pathological character with great care, bringing th microscope into requisition n his histological researches. In the case referred to by him the skin and subjacent tissue were metamorphosed into dense fibroid tissue,

having a thickness of rather more than an inch and a half, and in some places the muscular tissue had disappeared entirely, having, together with the connective tissue, been converted into a dense fibrous mass. Lymphoid cell-broods were found densely studded through the meshes and vessels of the connective tissue, forming cell-sheaths for the capillary net-work of the parts, the sheaths in many instances being larger than the vessels they surrounded. The nerve filaments were also the seat of a similar lymphoid cellular deposition. The adipose tissue was absent from its meshes, which were greatly thickened and indurated. The elastic tissue of the skin was also the seat of lymphoid deposit, depriving it of its natural elasticity.

As regards the etiology of scleroderma but very little is yet known. The theories advanced by different writers upon the subject are conflicting. Exposure to cold has been suggested by Day as being a probable cause. I am not prepared to admit it as a primary factor in the production of the disease. The evidence in favor of its being an exciting cause is quite clear. In the case reported by Henke his patient had fallen asleep at midday in a cool cellar, and on awakening discovered rigidity of some of the muscles, which ended in the development of the disease. Bouchut records the case of a man who exposed himself while in a state of perspiration to a draught of air, who four days later was the subject of the disease, involving the upper half of his body. Trousseau saw a case in which the checking of the menses was almost immediately followed by the disease. Rasmussen inclines to the idea that the sclerema is the local manifestation of the disease, but does not suggest any probable cause. He claims a stage of infiltration and formation of lymphoid cells, and a subsequent development of connective tissue from those cells, which causes the induration. The stage of infiltration was doubtless true in his case, but he claims it as a distinctive feature of the disease. In that, however, I believe he

is mistaken, as a general rule, and think he has confounded the disease with acute œdema of the connective tissue, which is an affection of childhood or infancy, of which infiltration is one of the chief characters, but dependent upon an entirely different cause, of which we will speak hereafter. He furthermore claims, upon the basis of histological research and pathological analysis of the two diseases, that scleroderma is identical with and dependent upon the same process of evolution as elephantiasis arabum. Dermatologists inform us that a great deal of confusion has heretofore existed among writers in regard to elephantiasis, in not drawing the proper distinction between elephantiasis græcorum and elephantiasis arabum, the former being general and the latter local in its manifestations. I notice that as high authority as Prof. Gross, in speaking of elephantiasis, denominates it "Arabian elephantiasis, Egyptian sarcocele, or the glandular disease of Barbadoes, as it is variously denominated." Upon the other hand, Erasmus Wilson, who stands in the front rank of British dermatologists, says, "We are obliged to warn the student of the error, and distinguish impressively elephantiasis græcorum, the true and only elephantiasis, from elephantiasis arabum, the Barbadoes leg." I am quite at a loss to know to which of the two diseases Rasmussen alludes. Reference to the anatomical characters of the two diseases will show in both great dissimilarity to the affection under consideration. Barbadoes leg is characterized by the "enormous size to which the limb affected with the disease grows, together with discoloration and roughness of the skin," and from these distinctive features it was compared by the Arabian physicians to the foot of the elephant. Elephantiasis græcorum has a double mode of manifestation, by which it is divided into *tubercular* and *anæsthetic*. The former is recognized by the development on the skin of erythematous patches, patches of discoloration or maculæ, and tubercles, similar patches and tubercles being also met with on the mucous membrane of the mouth, fauces, nares, and

eyes. The erythematous patches are of a red or purplish hue, more or less vivid, and vary in size from half an inch to two inches or more in diameter. The mucous membrane evinces a similar succession of morbid phenomena to those of the skin, and the conjunctiva, schneiderian membrane, mouth, fauces, larynx, and pharynx present the same morbid manifestations. The latter or anæsthetic elephantiasis is characterized by pale and shrunken skin, anxious countenance, muscles soft and reduced in size, insensibility, and atrophy.

When we compare the anatomical characters of elephantiasis arabum, or Barbadoes leg, with those of scleroderma, we must confess that we fail to recognize them as identical. So, on the other hand, if we turn to the descriptions given by the early Greek and Roman writers of elephantiasis græcorum, we find the anatomical characters of the two affections so very different as to render it unnecessary to even point them out. If identity of cause is referred to, we would suggest that elephantiasis is regarded as a blood-disease, dependent upon an animal poison, while scleroderma is not regarded as being of animal origin.

Prof. Flint, in the last edition of his work on Practical Medicine, in speaking of scleroderma, says, "The affection is not to be confounded with that called by some writers acute sclerema, which is peculiar to infants. The latter is a variety of œdema."

Meigs and Pepper, in their recent work on Diseases of Children, following Rilliett and Barthez and some continental dermatologists, seem to regard the disease as identical with acute œdema, which they describe as scleremia. This is certainly an error, as scleroderma is a disease of middle life, and has a marked affinity for the female sex, while scleremia, as described by those authors, is a disease incident to infantile life, and one that is usually very fatal; which is not the case in scleroderma, as pretty fair general health seems not to be incompatible with the disease, while in fifty-three cases

of acute œdema reported by Elsaesser forty-nine proved fatal. Recent researches seem to have pretty fully established the fact that acute œdema of the cellular tissue is the result of atelectasis pulmonum. If that peculiar condition of the system is the maximum factor in œdema, and I believe this is pretty generally accepted, I think it is clearly established, on the other hand, that it is not a factor at all in sclerema; for in none of the reported cases has any thing been said in regard to collapse of the lung, nor do the autopsies show that it existed in any of them. The pulmonary complications observed in scleroderma were in every instance intercurrent and of an acute character, while no mention of them is made as having been detected in any of the autopsies or of their having played any special part in the disease. Those cases of œdema occurring in children in which atelectasis did not exist were doubtless due to bad hygienic surroundings, as the disease is almost exclusively confined to the large foundling-hospitals of Europe, while scleroderma has been shown to occur under faultless hygienic influences. As before intimated, scleroderma is a disease of middle life. Of forty cases in which the age was noted twenty occurred between eighteen and thirty-five years, four before that age, and thirteen after the fortieth year. As regards sex, the disease shows a marked affinity for the female. Forty out of forty-five cases in which the sex was noted occurred in females.

My idea of the production of scleroderma is somewhat at variance with those who have expressed themselves on the subject, and consists in the belief of an acquired diathesis. In the case reported I am of the impression that the diathesis was the result of a special rheumatic predisposition, and was in fact nothing more nor less than an anomalous sequel of that disease. The patient had evidently been the subject of rheumatism, for she presented with singular uniformity all the gross symptoms of the affection.

While the *materies morbi* of rheumatism shows ordinarily an election for the fibrous tissues of the joints, in the instance under consideration it showed an elective affinity for the connective tissue. There would seem to be an inherent tendency in the economy to the evolution of this peculiar malady. Whence its origin, or under what circumstances the system was made to yield to the laws governing the disease, we are not prepared to say. In rheumatism the result of that occult law is believed to be the production in the blood of lactic acid, which pathologists inform us shows an affinity for the articular tissues, but of the laws governing such affinity they know nothing. They can see its manifestations, but are unable to fathom its workings. May there not be laws of diversion and direction, co-ordinating with those occult laws, diverting disease from one tissue and directing to another, or are the laws governing disease so inexorable that they will not admit of deviation? While we admit that disease when fully established is subject to certain pathological laws, we think that in its attributes we witness the most exalted type of sovereignty. It claims and exercises the prerogative of electing its culminating theater in any part of the economy under a commission of its own creation, breaking up the normal legislative action of the healthy tissues.

In scleroderma the cause may doubtless be referred to some natural or acquired defect, originating in the assimilative functions, and diverting the nutritive material from its wanton course, causing it to form unnatural alliances in the economy, and compelling it to seek a residence among incongruous elements; but of the laws governing this morbid process we know nothing. We are of the opinion that the same deposition which is so manifest in the connective tissue is to some extent the same in the muscular tissue; for, it seems to us, we can not account for the preternatural hardness upon any other hypothesis, and we feel persuaded that further pathological research will prove it to be due to that

cause or to granular degeneration, as was shown to be the fact in some of the autopsies.

As regards the treatment of scleroderma, very little has thus far been accomplished either in arresting the disease or correcting the diathesis. I feel confident that no substantial results were obtained from the course I pursued. The patient, however, is still in the enjoyment of pretty fair general health, and exercising a general supervision over her domestic affairs. Electricity has been thought to exercise some curative influence, and good results have been obtained from the arsenical treatment. The conservation of the general health is rationally indicated, with a vigilant outlook for complications.

Before concluding may I not ask—not with reference to this particular disease, but of disease in general—have we to know how to create a disease before we can predict with mathematical precision its end from the beginning? Will we ever be able to trace it from its inception and note its effects upon each successive tissue until that is done? Can we expect to know disease rationally as a whole, or are we to continue to chase the etiological mirage over the shoreless plains of doubt, and at last have our scientific torches quenched by the murky darkness that hangs over the pathway of pathology? That disease is an entity we are compelled to admit, for we see palpable sequences that naturally presuppose first causes. We know from obvious results that the great first cause is holding high carnival somewhere in the economy, but so subtile and so immaterial as to elude the most refined and delicate test evoked for its discernment. Shall we ever comprehend its laws, or shall they continue to fetter the strides of scientific research? If disease be an entity, shall we as sentinels, standing upon the watch-tower of health, ever be able to note its genesis and mark its exodus?

LOUISVILLE.

UNUSUAL TERMINATIONS OF UTERINE FIBROIDS.

BY THEOPHILUS PARVIN, M. D.

CASE I.—Mrs. ——, about thirty-eight years of age, married twenty years but never pregnant, had suffered from uterine fibroids many years. Different methods of treatment, both local and constitutional, under different practitioners had been tried. The greatest benefit, however, had resulted from hypodermic ergot. By its use the size of the tumors underwent notable diminution, and metrorrhagia, which was a prominent symptom, entirely removed.

A year after ceasing the ergot the metrorrhagia returned and persisted, day after day, until three weeks had passed. Meantime various means were resorted to to arrest the flow, but none of them with more than temporary benefit. Chief among these were tamponing the vagina, tamponing the os uteri, dividing the cervix, sponge tents, intra-uterine astringent applications, and injections.

One morning, after the withdrawal of two tents introduced the previous evening, the blood commenced flowing out in a stream. The internal os was largely enough dilated to admit two fingers. Something must be done promptly or the hemorrhage would be fatal, and immediately and freely an injection of one part of muriated tincture of iron to ten of warm water was used, and the uterus, whose upper margin was slightly above a horizontal line at the umbilicus, was thoroughly washed out. The hemorrhage was at once arrested, but instant collapse, that for a few minutes was terribly like death, occurred. The patient rallied under stimulants, hypodermic morphia, frictions, etc., but died in forty-eight hours, apparently from exhaustion.

CASE II.—Mrs. ——, thirty years of age, married twelve years, has two children, eleven and eight and a half years old, and no miscarriages since, one prior to, the birth of the last child. Four years ago first noticed "a lump" at the hypogastrium. About the same time too leucorrhœa and menstrual irregularities first occurred, these irregularities being such that the intermenstrual intervals varied from two to five weeks; but the flow, whether the interval was long or short, was always profuse. For the last year the flow has not only been too profuse, but also constantly too frequent; and the patient when I saw her had become not only

very pale, but decidedly emaciated, suffered severe uterine pain, and there was great tenderness in the hypogastrium.

Upon examining the uterus a submucous fibroid of the anterior wall was clearly to be found, and the cavity measured four inches and a half. Having the sad result in the previous case before me, I determined to wait only until the patient had rallied somewhat from her loss of blood and the pelvic soreness somewhat removed, and then advance in the removal of the tumor at least as far as free incision of its capsule. But while thus waiting probably two weeks after the last hemorrhage, the patient's appetite good and her strength improving, she called my attention to a purulent and shreddy discharge which had commenced. This was in the early part of last February. My friend, Dr. Henry Jameson, examined with a microscope a specimen of this shreddy material, and found it fibrous tissue. Without entering into any further details, it is enough to say that this lady's menstruation is now normal. The uterine sound barely measures three inches, where it formerly was four and a half. She has no leucorrhœa, and her general condition is better than it has been for years.

Remarks.—These two cases illustrate unusual terminations of uterine fibroids; in the latter a spontaneous cure, and in the former death either from that rare cause in the mortality of uterine fibroids, hemorrhage, or from the intra-uterine injection, or from both combined. A word or two first as to the case of *spontaneous cure.* Schroeder (Diseases of the Female Sexual Organs, just issued by Wm. Wood & Co. as part of Ziemssen's Cyclopedia), in his chapter upon *Fibroids of the Uterus*, says that a complete cure may take place by expulsion of the tumor. "This process of *expulsion* is either an enucleation, whereby the tumor is to a certain degree turned out of the bed of overlying mucous membrane in which it rests, or the coverings of the tumor become inflamed and suppurate, and the tumor, having been deprived of its nourishment and become gangrenous, is cast off." And Klob (Pathological Anatomy of the Female Sexual Organs) observes that "in the neighborhood of fibroid tumors which prolapse into the cavity of the uterus an inflammatory process

in the bed of the tumor is often developed, beginning generally at the most dependent portion of its mucous membrane, by *hypostatic hyperæmia*, and leading to the formation of pus or ichor, in consequence of which the tumor is detached and expelled, either entire or piecemeal, by labor-like contractions of the uterus."

In the case which has been given the tumor was not "enucleated" and "expelled entire," but came away by piecemeal, the process requiring nearly two weeks for its accomplishment; nor was the discharge at any portion of this time so offensive as to suggest any gangrenous change in the cast-off fibroid. But be the process what it may, certainly the termination is not a common one, since several writers on diseases of women fail to refer to it.

If it were in the power of the physician to imitate safely those changes which result in the discharge of a uterine fibroid by piecemeal, a most important addition would be made to the therapeutics of these growths which, considering the frequency of such growths and the discomfort and danger they often cause, are far from being satisfactory. Knowing that such tumors sometimes undergo calcareous degeneration, on theoretical grounds preparations of lime have been advised; so too fatty degeneration has suggested *steatogenous* medicines; but I do not know that there is a single case giving conclusive proof of the practical value of either suggestion. So too, notwithstanding the faith of some eminent teachers, most practitioners giving the alkaline bromides, iodides, or chlorides, iodine or bromine, to a patient with uterine fibroids would be surprised to find any material benefit resulting therefrom. With the exception of ergot, more especially when used hypodermically—and even this frequently fails in accomplishing good—the medical therapeutics of these tumors must be regarded as sadly dark and uncertain.

The first case narrated revives the question as to intra-uterine injections, especially of iron solutions. It is usually

asserted and believed that where the os uteri is sufficiently dilated to permit the ready reflux of the injected fluid there is no danger; yet such dilatation existed in this case, and the injection was not harmless, to say the least. Doubtless it would have been safer to pack the uterine cavity with styptic cotton, successive rods of it being slipped from applicators; but the emergency was too pressing; it seemed to me to do any thing but just what was done. The cotton-application would have taken some minutes longer, for it is no easy matter to apply the rods to a cavity deformed and irregular from the projection of tumors; nevertheless under similar circumstances I would risk the delay rather than resort to such intra-uterine injections.

Even when injections of iron solutions have been made for *post-partum* hemorrhage some cases have had a fatal termination; and it is doubtful, notwithstanding the earnest advocacy by Dr. Barnes of these means, and notwithstanding the many successes reported by him and others, whether they are so entirely free from danger as has been asserted. But supposing the injection to be entirely foreign to the mortal issue—a mere antecedent, not a cause—and that this took place from hemorrhage, still such a termination is unusual, for in two fatal cases out of forty, according to West, only one was from hemorrhage. And Gallard (Clinical Lectures upon Diseases of Women, Paris, 1873 states that uterine fibroids, when death is their result, generally cause it by peritonitis, since it is rare that the metrorrhagias are so abundant and so persistent as by themselves to produce a fatal termination.

INDIANAPOLIS.

Reviews.

A Report on a Plan of Transporting Wounded Soldiers by Railway in time of War. With descriptions of various Methods employed for this purpose on different occasions. By GEORGE A. OTIS, Assistant Surgeon U.S.A. Washington: War Department, Surgeon-general's Office. 1875.

The pamphlets of Mr. A. Zavodovsky, of St. Petersburg, elucidating his plan for transportation by railway of sick and wounded in time of war having been received by the honorable the secretary of war, Dr. Otis was directed to examine critically and to report upon the same.

As might well be anticipated by the brilliant record of this writer, the pamphlet before us is a masterly exhibit of all that has been said and done upon this subject; and it is conclusively shown that there is nothing novel in the proposition of Lavodovsky. It is shown that during the Italian war of 1859 this procedure was first adopted, and the author proceeds to an elaborate description of the various methods adopted by the Federal and Confederate authorities during the late civil war. This is followed by a concise statement of the efforts of continental governments to obtain rapid transit for their wounded soldiers.

As the plan of Zavodovsky is not as yet generally known, we add a brief description.

Freight-cars being best suited to the transportation of the seriously wounded, who can only be moved in the recumbent position, it is necessary to cause them to be so arranged that the inevitable jolting is mitigated; to arrange the wounded so that they may readily be accessible to the visits of the

surgeon; to secure such simplicity in the system that the soldiers and nurses may themselves be able to carry it out.

"Four cables an inch in thickness are suspended across the top of the car, and secured to iron hooks that fasten to iron rings two and a half inches below the roof of the car. If hooks and rings are not available, the ropes may be passed through eight holes bored in the side of the car. To each of the four ropes is attached at three points a pole—of oak, birch, elm, ash, or other springy wood—adapted to the width of the car, but at least eight feet long, two and a half inches thick in the middle, and an inch and three quarters at the ends. To the poles thus placed horizontally there are attached on either side four cords, with knots so arranged that they may support on a level the stretchers on which the wounded men are supposed to be reclining.

"In order that when the car is in motion the stretchers with the patients may not sway back and forth and strike against the sides of the car, the lower stretchers are fastened by inch-and-a-half ropes to three small iron hooks screwed into the floor of the conveyance."

Elaborate directions are added for loading and unloading said cars. This pamphlet will be of great value to all who may be interested in the movement of sick or wounded persons, as the suggestions are applicable to civil as well as to military life.

The Diseases of the Eye. By BRUDENELL CARTER, F.R.C.S., etc. London: McMillan & Co. 1875.

This work of Mr. Carter is one of the best we have met with on the subject of the eye, and is made up of the lectures delivered by him at St. George's Hospital. The aim of the author, to quote his own words, has been to place before the profession, in a concise an readable form, a general view of the present state of knowledge with regard to the nature and treatment of the more important diseases of the eye. He makes no pretensions to elucidate the rarer forms of dis-

ease, nor does he go into minute details in the discussion of the anomalies of refraction and accommodation, but, as he says, leaves them to specialists.

The volume is divided into fifteen chapters, which, beginning with the anatomy and physiology of the organ, treat of all its parts *seriatim*.

In the first chapter we have a clear and distinct account of all the phenomena as presented to us in the healthy organ, without too great minuteness or unnecessary prolixity.

The second chapter is one of the best of the book, and has for its subject an exceedingly important matter; namely, the examination of the eye. The different methods of using direct, indirect, or oblique illumination are discussed in detail, and will do much toward enabling the general practitioner to distinguish between the diseases of the lids and conjunctiva and the eye proper, and to avoid those errors of diagnosis so commonly made. The uses of test-types are detailed at length, as are all the subjective methods of determining the state of vision.

Mr. Carter goes on to explain the purposes of the different optometers and perimeters, as well as the ophthalmoscope, to which latter invaluable diagnostic aid he devotes the third chapter of his book.

Chapter IV is one of particular interest, as it treats of the principles of ophthalmic therapeutics, which are discussed in all their bearings. This is followed by another, which has for its caption "the principles of ophthalmic surgery," in which the author is at pains to describe all the different steps and procedures employed in the performance of the various operations of the eye.

After this diseases of the different parts of the eye—such as the eyelids, the conjunctiva, the cornea, the iris (including irido-choroiditis and sympathetic ophthalmia), cataract, glaucoma, the diseases of the fundus oculi, and the injuries of the eye—are treated of in separate chapters as above enumerated.

The fourteenth chapter, on the affections of the ocular muscles, is one of the most exhaustive in the book. The subject is one which is particularly difficult of comprehension, owing to the numerous combinations of the different sets of muscles. We are free to say that no author who has written before him has succeeded in explaining the different phenomena in so satisfactory a manner.

The last chapter, on the uses and selection of spectacles, is not inferior to any of the rest.

In conclusion we have to say that this work ought to be in the hands of every student and practitioner who desires to acquaint himself with the subject. R. C. B.

A Treatise on Therapeutics: Comprising Materia Medica and Toxicology, with especial reference to the application of the physiological action of Drugs to Clinical Medicine. By H. C. Wood, Jr., M. D. Second edition. Philadelphia: J. B. Lippincott & Co. 1875.

Within the past few months an elaborate review of the first edition of this valuable work appeared in the pages of this journal, but the sale of the large edition within a year of its publication necessitates a second reference. The second edition deserves fully all that has been said of the first. The author, in his preface, states that "some portions have been re-written, in a very few cases some alterations of conclusions have been arrived at, but the chief changes consist in the additions. . . . Great care has been given to the condensation of the text and to the saving of space in the mechanical execution; so that it is confidently believed that, while seemingly only about one hundred pages have been added, yet in reality the book has been increased by nearly one hundred and fifty pages."

The author has availed himself of the grand medical

library collected under the auspices of the surgeon-general of the army, of the elaborate system of bibliographical cards instituted by Dr. Billings, and gracefully acknowledges the assistance which he has received.

The Treatment of Nervous Diseases by Electricity: A Review of the present extent of Electrical Treatment, with Indications for its Employment. By Dr. FRIEDRICH FIEBER. Translated from the German by G. M. SCHWEIG, M. D. New York: G. P. Putnam's Sons. 1874.

There is a comfort in these days of many and big books in meeting with a duodecimo volume, the more especially if it be thin. The work of Dr. Fieber is really pleasant reading. While we are far from being as sanguine as some as to the value of electricity, we have nevertheless been instructed by the volume before us, and take pleasure in commending it to such of our readers as are interested in the subject of which it treats.

A Treatise of Human Physiology: Designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M. D. Sixth edition, revised and enlarged. Philadelphia: H. C. Lea. 1875.

This latest edition of the standard American physiology fully deserves all that has been written of its predecessors. To the student of medicine and the busy practitioner "Dalton" as a text-book could not be replaced.

Without the bulk of the volume having been enlarged, an increase of over fifty per cent in the matter of the work has been made to that of the earlier editions. These additions will be found in the departments of physiological chemistry and the nervous system. Another important change is in the

adoption of the new chemical nomenclature, which is noted by the author in his preface as follows:

"The new chemical notation and nomenclature are introduced into the present edition, as having now so generally taken the place of the old that no confusion need result from the change. The centigrade system of measurements for length, volume, and weight is also adopted, these measurements being at present almost universally employed in original physiological investigations and their published accounts. Temperatures are given in degrees of the centigrade scale, usually accompanied by the corresponding degrees of Fahrenheit's scale inclosed in brackets."

The West-Virginia Medical Student: A Monthly Record of the Progress of Medicine, Surgery, and the allied Sciences. JAS. E. REEVES, M. D., editor and proprietor. Wheeling, W. Va.

It is but seldom that a recruit to the ranks of medical journalism presents so many attractive features as does the number to which we with pleasure ask the attention of our readers. The salutatory number is a model of mechanical execution, and contains most valuable communications from the pens of accomplished clinicians. With its accomplished editor in charge of its interests, a most brilliant future is without doubt in store for this latest born.

Clinic of the Month.

TYPHOID FEVER—HIGH TEMPERATURE TREATED WITH SULPHATE OF QUININE AND HOT PACK AT BELLEVUE HOSPITAL.—There were three cases of this affection which presented some points of interest common to all of them. 1. The patients were young persons, aged twenty-one, sixteen, and twenty-one years respectively. 2. The forming-period of the disease was unusually short. In one case the patient was in bed the second day after first feeling ill; in the second case he felt chilly in the morning, worked in the afternoon, but was unable to get up the next morning; while in the third case the patient went to bed the second day after he began to feel "dull and lazy." 3. The eruption was well marked, but not abundant. 4. There was only slight abdominal distension, and diarrhea was present in only one case, and that only in a mild form. There had been epistaxis in one case, and all three had a moderate amount of tenderness in the right iliac region. The special point of interest, however, in these cases related to the temperature of the patient and the manner in which it was treated. The record of each case will be given separately.

The first patient was admitted September 2d. September 3d, pulse 84, respiration 24, temperature 100° Fahr. morning, and in evening 103¼°, when he received ten grains sulphate of quinine. On the morning of September 4th temperature 101¼°, and in evening 103¼°. The patient then received twenty grains of the sulphate of quinine, and on the morning of September 5th temperature 101°, pulse 66. This apparently was an effect produced by the quinine. At 6 P. M. tem-

perature 104°, and ten grains of quinine were administered. At 7 P. M. temperature 104°, and ten grains more were given. At 8 P. M. temperature 103¾°, and the patient received ten grains more; and at 9 P. M. temperature 102¾°, and ten grains more were administered. In this instance it was believed that the reduction of the temperature was clearly due to the effect of the quinine, because at that hour we should naturally expect the temperature to be as high as at any time during the day. The next morning temperature 104°. At 2 P. M. fifteen grains quinine were given, and at 3 P. M. temperature 103°; at 6 P. M. temperature 104°; at 7 P. M. temperature 104°, and now twenty grains of quinine were administered. At 10 P. M. temperature 100½°. Here again the reduction in temperature may fairly be regarded as due to the effect of the quinine. On the day following, however, the temperature again arose, and when at 102° ten grains of quinine were given, and repeated every hour, without producing any effect, while the thermometer rose to 103°, and finally reached 104°.

It might be said that the temperature would have risen higher had not the quinine been administered, but certain it was that it steadily arose while the drug was being exhibited. From this date, the 8th of September, his temperature ranged from 101° to 104°, and in the afternoon of the 11th it reached 104½°, when twenty grains of quinine were given and a sheet wrung out of hot water wrapped around the patient. In the mean time he had received ten grains of quinine every four or six hours upon an average, and when at any time the temperature arose to 104° twenty grains were given. The temperature fell only half a degree after applying the hot pack. On the 12th temperature reached 105°. The hot pack was again resorted to, and it fell half a degree within fifteen minutes.

On September 17th, 1:30 P. M., temperature 104¾°, and then the cold pack was resorted to. In this case the high temperature was the only grave feature, but that was held in abeyance by means of the cold pack.

The second case was admitted September 4th, with a temperature of 105°, which soon fell to 104°, when twenty grains of quinine were administered, and the stomach rejected it. Two hours afterward the temperature had fallen one degree without treatment. On the 6th of September, at 6 A. M., the temperature 103°, and ten grains of quinine were given. At 9 A. M. temperature 103½°, and at 10 A. M. he was packed in the hot wet sheet, and the temperature was reduced to 101½°. At 2 P. M. temperature 103½°, and he now received ten grains of quinine each hour for two hours, and at 4 P. M. the temperature was 102½°, while at 9 P. M. the temperature was 103°. September 7th, 6 A. M., temperature 102°; 8 A. M., temperature 101½°, and ten grains of quinine were then administered. At 10:30 A. M. temperature 104°, and ten grains more of quinine were given. At 12 M. temperature 103½°, and at 1:20 P. M. the thermometer stood at 104°. At 2 P. M. the cold pack was resorted to, and at 2:30 P. M. temperature 101½°. At 4:15 P. M. the temperature had risen to 103¾°, and the cold pack was repeated.

This patient had been treated in about this manner, so far as temperature is concerned, receiving from twenty to forty grains of sulphate of quinine daily, and cold packs latterly as occasion seemed to demand. The action of the quinine has not been marked in any direction. The temperature has become high while it was steadily administered, and it has also fallen to some extent. It is now eleven days since the admission of the patient, and he is doing very well.

The third case was admitted September 13th, and was at once placed upon quinine, five grains three times a day. On September 14th, evening temperature 104°. September 15th, morning temperature 102½°; evening temperature 103°. The hot pack was at once resorted to, but no reduction of temperature was produced. September 16th, morning temperature 101¾°; evening temperature 103½°. The hot pack was again resorted to, but without effect. September 17th,

temperature 104°, and the cold pack was ordered at once. (The Medical Record.)

How to prevent Chloroform Narcosis.*—In the Berlin Clinical Weekly for September, 1875, Dr. Jacob Fleiberg, of Christiania, describes a new method for preventing asphyxia during the application of chloroform, as follows:

The different accidents which may occur during the use of this anæsthetic are well known. They consist principally of a stertorous, intermittent respiration, a cyanotic appearance of the face, a small, weak pulse, etc. Of all these the incomplete respiratory act is the most alarming, and it seems as if a valve obstructed the entrance of air to the lungs. The mode of preventing this most commonly in use is to introduce gags into the mouth, so as to separate the jaws; the tongue being then drawn out of the mouth by means of a pair of forceps or a tenaculum. Thus the respiration is restored, and the narcotism may be renewed.

Dr. Fleiberg objects to this procedure for several reasons, which he summarizes as below.

In the first place, it lends a rather unfavorable aspect to the operation, and infects the operator with a certain degree of uneasiness, which must always redound to the disadvantage of the patient; secondly, the teeth are frequently broken by the mechanical violence exerted upon them, and the tongue so lacerated that patients who have undergone minor operations, such as the removal of an atheromatous or lipomatous tumor, are troubled for some time after by a swelling of the tongue, which produces difficulty of articulation. In the third place, the narcosis is often prolonged considerably, the amount of chloroform used increased, and the after-effects aggravated.

About three years ago an idea struck him which he thought would overcome these difficulties. The plan was to *dislocate*

* Translated by R. C. B.

the inferior maxillary bone forward whenever any asphyctic symptoms make their appearance. The best way of producing this dislocation is to stand behind the reclining patient, put both thumbs behind the symphysis and the index fingers on the posterior edges of the rami of the bone, then grasp the maxilla firmly and drag it directly forward. The relaxed tongue, which pushes the epiglottis backward and downward, thus preventing the entrance and exit of air, is relieved. Dislocation will succeed more readily if the operator imagines that he wants to lift the head and body of the patient up from the table. If the patient be under the influence of the anæsthetic, and then only is it necessary to resort to this procedure, then the condyle will move forward with a perceptible motion, and the entire bone is displaced, the lower teeth in front of the upper row. As soon as this is done the patient takes a long breath, and respiration proceeds without any further difficulty as long as the parts remain in the same position.

The author states that he has employed the above procedure in more than a thousand instances, and has never failed to achieve the purpose desired; namely, the use of chloroform without any unpleasant complications. He is not sure about the anatomical changes which occur during the dislocation; but there can be no doubt that, as all the glossal and subglossal tissues are dragged forward, so are the root of the tongue and the epiglottis; and as a consequence, the occlusion of the chink of the glottis and the consequent asphyxia, which is due to the weight of the tongue, are obviated.

In a more recent number of the same journal there is an article on the same subject by Langenbeck, in which he states that the method already described has been in constant use by Esmarck since, if not before, the year 1866. He employed it constantly during the late French and German war, and never lost a case from the effects of chloroform.

NITRITE OF AMYL IN FACIAL NEURALGIA.—Dr. George H. Evans, assistant physician to the Middlesex Hospital, writes to the Practitioner: "A girl applied at St. Thomas's Hospital one Thursday morning, about eleven o'clock, trying to get some relief for neuralgia, which had prevented her, she said, from sleeping since the previous Saturday. She was evidently in considerable pain, and markedly anæmic. Hoping for a possible immediate effect, I made her inhale some nitrite of amyl. It took rather a longer inhalation than I expected to produce the usual flush; however it came, and she then said that she felt a throbbing and a beating in her head, but that the pain was subsiding. In a very few minutes she said the pain had left her. I was very doubtful about the amyl producing any thing more than simply temporary relief, so I told her to come again if the pain recurred. She did not come again to me, but she attended Dr. John Harley (she was already an out-patient under him) on the Saturday, and said she had had no pain since the inhalation. I did not see her again. The next case in which I used it for this purpose was that of an anæmic young woman who was in St. Thomas's Hospital with acute rheumatism, and who during her convalescence suffered much from facial neuralgia, which she said had tormented her since childhood. On her the inhalation of amyl did not produce quite so striking an effect as on the former patient; but it invariably gave her relief, so much so that she said, 'I wish you would let me take that little bottle out with me. I have tried all sorts of things, and never found any thing do me so much good as that.' The third case I have to mention is that of a young lady who was in September last suffering from very severe neuralgia, whom I knew to be generally anæmic, and whom I noticed to be much more anæmic than usual at that time. She told me she was always paler when these attacks came on. I gave her some amyl to inhale. It was some time before it produced any effect, visible or otherwise; but as soon as it

had produced a slight flush she said the pain was relieved. I saw her three weeks later, and she told me that she always prevented the attacks of neuralgia by inhaling amyl when she felt they were coming on. One of her sisters, who was not anæmic, incautiously one day sniffed at the amyl bottle, probably because I had especially cautioned my patient against allowing any of her sisters to use it; and immediately her face became most painfully flushed, and she felt sufficiently uncomfortable to prevent her repeating the experiment. I think, from what I have seen of its use, that anæmic people, as one might expect, can bear very much larger doses of amyl than those who are not anæmic."

Natural History of Dysentery.—In 1853 Dr. Austin Flint published a clinical report of dysentery, based on an analysis of forty-nine cases. From data obtained in these cases Dr. F. drew certain conclusions with regard to the nature of the disease, its etiology, duration, tendency to relapse or recurrence, fatality, etc. Briefly, dysentery was inferred to be an infectious disease, which "by preference" affected "persons in good health," in a salubrious northern climate rarely ended fatally after infantile life, and was neither disposed to relapse nor to recur in the same individual, or to become chronic. Thirty of the cases ended in recovery. Their duration varied from one to twenty-one days; reckoning from the date when diarrhea commenced, the mean duration was nine and five sixths days. The above cases were variously treated with laxatives, opiates, astringents, and topical applications in the form of enemas. Of all remedies opium was esteemed as the most valuable. The fact that different and often opposite methods of treatment have been employed with apparent success in dysentery is thought by the author to imply an intrinsic tendency in the disease to self-limitation. In order to ascertain the correctness of this inference, Dr. F. has recently supplemented the above analysis by the addition

of ten cases of dysentery in which the disease was suffered to pursue its natural course without interference by medication. The ten cases were collected during the last three years, and were only selected with a view to a fair result. The history is presented in each case. All the cases ended in perfect recovery, and the mean duration was eleven and one fifth days, or, leaving out one case where a diarrhea preceded the dysenteric discharges for fourteen days, it was only ten and one ninth days. Comparing the mean duration with that (nine and five sixths days) of the thirty cases ending in recovery in the previous analysis, the slight difference would imply that treatment had but little influence in shortening the duration of the disease. This influence is made to appear in a still more dubious light by comparing the cases which were treated in hospital with the ten which were left without treatment. Thirteen of the above thirty cases were treated in hospital, and their mean duration was thirteen days, or three days longer than that of the ten cases not treated at all. Dr. F., however, deprecates drawing too strained an inference from this last comparison.

The writer closes with the following conclusions: 1. The disease in a temperate latitude tends, without treatment, to recovery. 2. It is a self-limited disease, and its duration is but little if at all abridged by methods of treatment now and heretofore in vogue. 3. Convalescence is as rapid when active measures of treatment have not been employed as in cases actively treated. 4. Relapses do not occur in the cases in which the disease has been allowed to pursue its own course without active treatment. 5. Sporadic dysentery in a temperate climate does not terminate in a chronic form of the disease; in other words, it does not lead to ulceration or other lesions of the mucous membrane of the large intestine, and it does not involve any tendency to complications or secondary affections. (American Journal of the Medical Sciences.)

A NEW VAGINAL DOUCHE.—Dr. F. P. Foster presented to the New York Medical Library and Journal Association a valuable and convenient apparatus by which the vaginal douche may be accomplished without regard to the quantity of fluid used, and without soiling the bed or changing the position of the patient. The instrument consists of a soft rubber cylinder, at the distal extremity of which are a few small openings. To this flexible cylinder is attached a piece of rubber tubing, which permits the entrance of a stream having a greater caliber than the combined caliber of the small openings at the distal extremity, and to this piece of rubber tubing a Davidson's syringe can be attached, or a suspended vessel containing the injecting-fluid. When the cylinder has been introduced and the injecting-fluid thrown in it becomes distended, fills the vagina, and thus prevents any reflux. The reflux, however, is provided for by a metallic tube which is within the flexible cylinder, and has attached to its open mouth the distal end of the cylinder, while to the other end a piece of rubber tubing is attached which conveys it to any convenient vessel. With this instrument the fluid is prevented from running out over the perinæum, which enables the operator to use much warmer water, for instance, than could otherwise be borne, and it also permits the use of injections without wetting the vagina, which to many patients is very desirable. There is a certain ratio between the size of the stream which enters the flexible cylinder and the small openings at the distal extremity, which is necessary to the proper working of the douche. (The Medical Record.)

PLUGGING THE POSTERIOR NARES.—This operation is one of the bugbears in surgery, therefore a simple method of performing it may be repeated without giving offense. It may not be any thing new, but the ease with which it was performed in a case at the Bellevue Hospital, reported in the New York Medical Record, was certainly agreeable to the

patient and pleasing to the surgeon. A small bougie having a bulbous extremity (a fine catheter may answer the same purpose) was introduced into the nostril to be plugged, and carried along the floor until it could be seen emerging into the pharynx; this extremity was then seized with a pair of long forceps — which can usually be done without inconvenience to the patient — and brought forward through the mouth. A strong silken cord was then attached to it, and to the other extremity of the cord was fastened a pledget of lint. The bougie was then withdrawn from the nostril, and with it the string to which was attached the plug, and then this was drawn through the mouth and quickly carried up behind the velum into the cavity for which it was designed. The operation gave the patient but little inconvenience, and the plug was to remain until the *natural secretion of the parts loosened it* sufficiently to permit a spontaneous removal.

PRODUCTION OF A NEW NOSE.—Dr. James Hardie, of Manchester, Eng., describes a new rhino-plastic operation. The operation described consisted in the substitution of the upper phalanx of the fore finger for the nasal bones and cartilages, so as to give the required nasal prominence. The patient, a young girl, having lost both bones and cartilages, it was only after failure in other methods that Dr. Hardie determined to attempt the one in question. The mode of procedure was to bandage the arm in such a position as to enable the fore finger to be laid and plastered upon the nasal cavity, in which position the finger was kept for about three months. After the first few days the girl did not suffer from the irksomeness of her position; gradually the finger became attached to the cavity, and ultimately the upper phalanx of the finger was separated from the rest by the forceps. The doctor had at first meant to employ the portion of the finger merely as a substitute for the nasal bones and cartilages, and to lay over it flaps of skin from the face or arm in the usual manner, and

to this plan he ultimately returned, although at one time he had been so satisfied with its appearance that he had thought of using the phalanx of the finger itself as a substitute for the nose. He still thought that with increased care, and by excising more of the finger, there might be no necessity for covering it with flaps of skin in the usual manner in order to the production of a fair substitute for the nose.

A NEW SOLVENT FOR SALICYLIC ACID.—M. Rozsyay states, in a communication to the *Pharm. Centralhalle*, that he has found in the sulphite of soda an agent which increases the solubility of salicylic acid, as well as its antiseptic properties. One part of salicylic acid, with the addition of two parts of sulphite of soda, dissolves in fifty parts of cold water, and forms a clear solution, which is not in the least degree irritating to an open wound. As a disinfectant he uses one part of the acid with from one to two parts of the sulphite of soda in from fifty to a hundred parts of water. (*Med. Chir. Centralbl.*, 1874, 26.—*Rundschau*, August, 1875.)

THE HOT PACK IN RHEUMATISM.—The physicians of Mt. Sinai Hospital, New York, have recently been trying hot packing in the treatment of acute rheumatism, with excellent results. They apply it in the following way: The bed is prepared by spreading over it a sheet of rubber cloth, and over this a blanket. Hot blankets are then wrung out of water of a temperature about as hot as the hand can bear, and with these the patient is enveloped. Two or three thicknesses of dry blankets are superimposed, and the whole retained in position till the patient is free from pain, a time varying from two to six hours. When the pack is applied the patient sweats very profusely, as might be supposed, and after its removal no danger has been found to occur. If the pain is confined to one joint, that joint is enveloped by the hot blanket, which is removed as soon as the pain disappears.

One case of chronic rheumatism, extending over a period of seven months, was treated by means of local packings, and after slight relapses, occurring at intervals for five weeks, was discharged perfectly cured. This method presents the advantage in private practice of not shocking the friends of the patient as much as the ice and ice-water packings. (New York Medical Journal.)

CHLORAL IN TRAUMATIC TETANUS.—In his *Thèse de Paris*, December, 1874, M. Gontier records twelve cases of tetanus treated by chloral. He concludes that chloral is preferable to other drugs in the treatment of chronic or subacute tetanus, but that in acute tetanus it is either inefficacious or merely palliative. It may be associated with tonics, diffusible stimulants, and diaphoretics.

CHLORAL IN HOOPING-COUGH.—Dr. Greslon reports a very severe case which succumbed to chloral, in doses of from fifteen to thirty grains every night, after all the remedies usually tried had failed. The action of the drug was very rapid, fifteen days only having elapsed between the first administration of the drug and the cessation of the cough. *(La France Médicale.)*

CHLORAL IN NOCTURNAL EMESIS.—In *L'Imparciale*, March 17th, Dr. Ademolo relates four cases which were completely cured by chloral hydrate. It may be given at first in doses of seven or eight grains at night, gradually increasing the dose to twelve grains.

Notes and Queries.

SUPPRESSION OF LACTATION (OR PREVENTION OF THE FORMATION OF MILK) BY COMPRESSION.—George N. Monette, M. D., physician to St. Anna's Asylum, New Orleans, contributes the following:

"On the 10th of May, 1874, I was with Mrs. M. in her first accouchement. At her request 'to stop the milk' I made my first attempt at compression by a crash roller-bandage or long towel. I thought this mechanical support or compression more feasible than the many medicated topical applications in use. I applied the bandage immediately after her delivery, and did not remove it for ten days. During this time she had not the slightest inconvenience, no pain, no accumulation or gathering, and on the whole no one suspected her of being a mother. I neglected to contribute the fact of the success of the case prior to this until I saw in a New York medical journal that Dr. W. R. Wilson, U. S. A., had communicated the results of his practice to Dr. Peaslee, of New York."

CHOLERA IN INDIA.—The Medical Times and Gazette of September 25, 1875, states: "From India we learn that Dr. Blanc has furnished a report on the last outbreak of cholera, which occurred in Yerrowda Gaol. This, in the opinion of the acting sanitary commissioner, is a very interesting contribution to the medical history of cholera. The investigation tends to establish the conclusion that cholera poison is, and in the case of the Yerrowda prisoners actually was, communicated through water. Proceeding upon this view, the acting

sanitary commissioner remarks that the practical lesson to be learned from this outbreak is the great danger of allowing persons (as is so commonly the case throughout India) to drink water from the river after it has been polluted by dhobies washing dirty clothes in it, and by many other descriptions of impurities." In the same journal for October 2, 1875, we note the following: "By latest advices received from India it is reported that cholera has broken out among the European garrison at Delhi, in the fort. Five seizures and four deaths have taken place. The troops, it is stated, are going into camp."

GRINDELIA ROBUSTA.—This new candidate for public favor, as a remedy in asthma and some other pulmonary affections, is being much used in this locality, and is very highly spoken of. The earlier preparations of the plant were so disagreeable to the taste and so generally excited nausea that few patients were found willing to continue their use. These drawbacks have now been overcome by a pharmacist in the house of Arthur Peter & Co., of this city, and an aromatic elixir is confidently offered as possessing all the good and none of the unpleasant properties of the drug. In a few cases of asthma in which we have prescribed the grindelia it has seemed to exert a marked influence over the paroxysms.

IGNORANCE has at last been detected by the Philadelphia Medical Times elsewhere than in America. The Medical Press and Circular tells the following:

"We have lately seen a case—for which London ophthalmic practitioners, we are bound to say, are alone responsible—in which a piece of iris has been snipped out to cure a nerve-atrophy resulting from a railway-injury to the spine; and another case in which a bunch of inverted eyelashes, which any first-year's student would have diagnosed, was sought to be directed to proper position by an iridectomy performed under anæsthesia without the knowledge or approval of the patient. These operations were, we will charitably

presume, indicated to the mind of the operator by some subtile theory which, to use a Dundrearyism, neither he nor 'any other fellow' could understand."

The Medical Times should add, "Medical education in *this* country is at the lowest ebb, and the system which allows of such ignorance is a blot and a shame in a civilized community." It is certainly very sad.

HORSE-HAIR FOR SUTURES.—Our own experience with horse-hair as a material for sutures has not been favorable. This perhaps was owing to not having properly prepared the hair. Dr. Green, of Boston, who recommends it very highly, prepares it as follows: Select the hair from the tail of a young, healthy horse and wash it in warm water, then boil for half an hour in a solution of soda (one ounce of bicarbonate of soda to two quarts of water), then rinse in warm water, and it is ready for use. It does not snarl or kink.

STATE MEDICAL SOCIETY OF ARKANSAS.—This organization—which, it seems, has taken a "new departure," and now numbers among its members most of the leading physicians of the state—held a harmonious and most profitable meeting at Little Rock on the 12th of October. The following named gentlemen were elected officers for the ensuing year:

President—Dr. W. B. Welsh, of Washington County; *First Vice-president*—Dr. A. Dunlap, of Sebastian; *Second Vice-president*—Dr. R. Brunson, of Jefferson; *Third Vice-president*—Dr. J. P. Mitchell, of Johnson; *Fourth Vice-president*—Dr. G. T. Dale, of Miller; *Secretary*—Dr. R. G. Jennings, of Pulaski; *Assistant Secretary*—Dr. J. G. Eberle, of Sebastian; *Treasurer*—Dr. A. L. Breysacher, of Pulaski; *Librarian*—Dr. T. H. Bates, of Monroe.

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Vision: its Optical Defects, and the Adaptation of Spectacles. Embracing, first, Physical Optics; second, Physiological Optics; third, Errors of Refraction and Defects of Accommodation, or Optical Defects of the Eye. With seventy-four illustrations on wood and selections from the Test-types of Jaeger and Snellen. By C. S. Fenner, M. D. Phila.: Lindsay & Blakiston. 1875.

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*Any of these works may be procured on application to Messrs. John P. Morton and Company, Louisville, Ky.